

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-873)

097914257

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	REQ.	DEP.	REQ.	DEP.	REQ.	DEP.		REQ.	DEP.	REQ.	DEP.	REQ.	DEP.	
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TOTAL REQ.	1	1	1	1	1	1								
TOTAL DEP.	3	3	3	3	3	3								
TOTAL CLAIMS	4	4	4	4	4	4								
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TOTAL CLAIMS														

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY